



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E363811**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-02501
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	04
OBJECT STRUCK	

DATE OF COLLISION	10 - 09 - 2014	TIME (2400)	0604	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR 9 SR BLOCK NO. ☒ **2400**

MILE POST ☐

DISTANCE **500** **00** MILES ☐ **N** ☒ **E** ☐ **S** ☒ **W** ☐

OF (REFERENCE OR CROSS STREET) **S LAKE STEVENS RD**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 3606917928**

LAST NAME **HARTELROAD** FIRST NAME **LAWTON** MIDDLE INITIAL **L**

STREET NEW ADDRESS **14506 84TH ST NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982588807**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS **L**

DRIVER'S LICENSE # **HARTELL454JF** STATE **WA** SEX **M** D.O.B. **04** - **06** - **1955**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **B83870L** STATE **WA** VIN# **1FTNE24L88DA65898**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2008** MAKE **FORD** MODEL **E250** STYLE **CG** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **SNYDER ROOFING 20203 BROADWAY AVE SNOHOMISH WA 98296**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **NATIONAL FIRE INS CO OF HARTFORD 5092129568**

VEHICLE LEGALLY STANDING YES ☐ NO ☒ CITATION # ☐ CHARGE ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **ORIENT** FIRST NAME **RAYMOND** MIDDLE INITIAL **C**

STREET NEW ADDRESS **8909 123 AV NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **ORIENTRC300MP** STATE **WA** SEX **M** D.O.B. **07** - **17** - **1970**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **7** NATURE OF INJURIES **NECK PAIN**

LICENSE PLATE # **AQN8749** STATE **WA** VIN# **1FAFP34PX1W176217**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2001** MAKE **FORD** MODEL **FOC4D** STYLE **4D** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **SKY VALLEY TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **ADELE HURST 8909 123RD AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **STATE FARM 284 3857-D01-47H**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # ☐ CHARGE ☐

OFFICER'S NAME (PRINT) **KERRY BERNHARD** BADGE OR ID # **120** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E363811**

CASE # **14-02501**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

On 10/9/2014 at approximately 0604 hours, I responded to a report of a collision at the 2400 blk of SR 9 SE in the City of Lake Stevens. During heavy fog conditions the driver of Unit 3 had slowed to a stop due to traffic in front of him stopping. Unit 2 also came to a stop. The driver of Unit 1 was distracted and did not observe traffic in front of him stopping. Unit 1 struck Unit 2. The impact forced Unit 2 into the back of Unit 3. Unit 4 was unable to stop in time to avoid striking Unit 1 due to Unit 1's abrupt stop during the collision.

The driver of Unit 2 was transported by Aide to Providence Hospital due to complaints of neck pain. Unit 2 was towed from the scene by Sky Valley towing. Unit's 1 and 4 were also towed from the scene by private tow requests. Unit 3 was driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD		10-09-14 02:11 PM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		PLACE SIGNED	
APPROVED BY BOB SUMMERS 079				DATE 10/11/2014 8:24:53 PM	
BADGE OR ID #	120	ORI #	WA0311900	TIME POLICE DISPATCHED	6:04 AM
				TIME POLICE ARRIVED	6:04 AM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E363811**

CASE # **14-02501**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICG #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

D: 4253978934

LAST NAME

SALATINO

FIRST NAME

MICHAEL

MIDDLE INITIAL

J

STREET NEW ADDRESS

1320 85TH AVE SE

CITY

LAKE STEVENS

ST

WA

ZIP

982583681

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

SALATMJ407RC

STATE

WA

SEX

M

D.O.B. MMDDYYYY

12

-

03

-

1960

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

1

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

ABS0768

STATE

WA

VIN#

2FAFP71W9WX140842

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

1998

MAKE

FORD

MODEL

VIC4D

STYLE

1

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **MIKE SALATINO 1320 85TH AVE SE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # **PEMCO CA 0501366**

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

4

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 3602559852

LAST NAME

CUNNINGHAM

FIRST NAME

JARED

MIDDLE INITIAL

D

STREET NEW ADDRESS

7025 58TH ST NE

CITY

MARYSVILLE

ST

WA

ZIP

982708821

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

CUNNIJD155LL

STATE

WA

SEX

M

D.O.B. MMDDYYYY

08

-

13

-

1985

ON DUTY ☐

STATUS

AIRBAG

3

RESTR.

4

EJECT

1

HELMET USE

1

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

654YQB

STATE

WA

VIN#

KMHCF35G61U120460

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2001

MAKE

HYUN

MODEL

ACC3D

STYLE

2H

VEHICLE TOWED YES ☒ NO ☐

TOWED BY

SKY VALLEY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JARED CUNNINGHAM 7025 58TH ST NE MARYSVILLE WA 98270**

LIABILITY INSURANCE IN EFFECT ☒

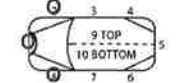
INSURANCE CO & POLICY # **GEICO 4366-73-24-87**

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

10-09-14 02:11 PM

DATED:

PLACE SIGNED

BADGE OR ID #

120

ORI #

WA0311900

APPROVED BY

SUMMERS

DATE

10/11/201

PAGE

3

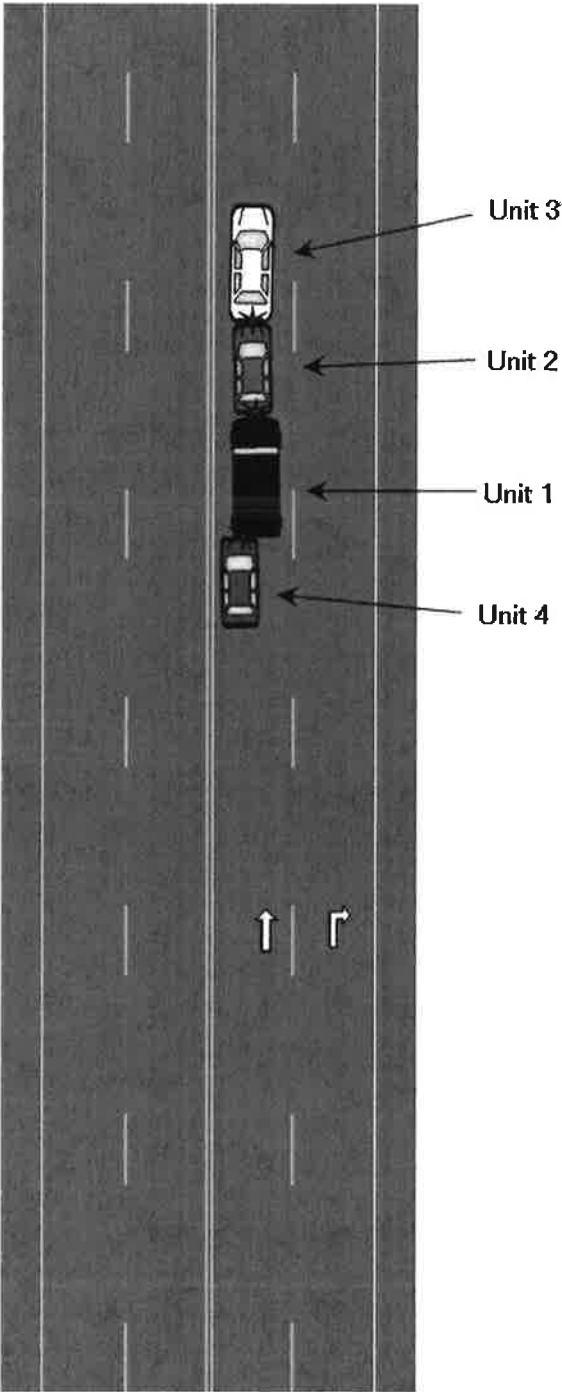
OF

4

Not to Scale



SR 9 SE



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02501

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Jared Cunningham	RACE	ETH	SEX M	DOB 6/13/85	AGE 29	HGT	WGT	HAIR	EYES
STREET ADDRESS 7025 58th ST NE		CITY Marysville		STATE WA		ZIP 98270		RES. STATUS		
HOME PHONE		CELL PHONE 360 255 9852			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, Jared Cunningham, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I looked away for a second and traffic suddenly came to a stop and I hit the car in front of me, a black van. Licence # B83870L the right front corner hit his left back corner.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED 10/9/14	LOCATION SIGNED Highway 9
OFFICER NUMBER: 12. [Signature] #120	DATE SIGNED 10-9-14	LOCATION SIGNED LK STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02501

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) SALATINO MIKE	RACE W	ETH	SEX M	DOB 12-3-60	AGE 53	HGT 511	WGT 208	HAIR BL	EYES BL
STREET ADDRESS 1320 85TH AVE SE		CITY LAKE STEVENS			STATE WA		ZIP 98258		RES. STATUS	
HOME PHONE 425 397 8934		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE 425 895 4675		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

The utility van ~~pushed~~ struck the Ford vehicle behind me. The vehicle behind me then struck my vehicle's rear bumper (1 hit)

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Mike Salatino	DATE SIGNED 10-9-14	LOCATION SIGNED MM 9 LK Stevens
OFFICER/NUMBER: E. BERNHARD #120	DATE SIGNED 10-9-14	LOCATION SIGNED LK STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02501

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) HARTELROAD LAWSON L	RACE W	ETH	SEX M	DOB 4-6-55	AGE 59	HGT 6'2"	WGT 340	HAIR BRN	EYES BLU
STREET ADDRESS 14506 84 th ST NE		CITY LIC STEVENS		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 360 691 7928		CELL PHONE		PLACE OF EMPLOYMENT SNYDER BUILDING MGR						
WORK PHONE 425 402 1848		EMAIL ADDRESS								

I, LAWSON HARTELROAD, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

DRIVING IN FOG ~~WAS~~ ~~WAS~~ CARS IN FRONT
STOPPED I STOOD ON BRAKES DID NOT STOP
HIT CAR IN FRONT OF ME CAR BEHIND ME
HIT ME

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>L. SEWARD</u>	DATE SIGNED 10-8-14	LOCATION SIGNED Hwy 9
OFFICER/NUMBER: L. SEWARD #720	DATE SIGNED 10-7-14	LOCATION SIGNED LIC STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-2501

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

1 F A F P 3 4 P X 1 W 1 7 6 2 1 7

LICENSE

AQN 8749 WA

STATE

YEAR

2001

MAKE

Ford

MODEL

Focus

MILEAGE

STYLE

COLOR

☐ Report of Sale☐ Digital

4dr

Gold

DRIVER

NAME (LAST, FIRST, MI)

O'Brien, Raymond chg

STREET ADDRESS

8909 123 Ave NE

CITY, STATE, ZIP CODE

Lake Stevens

PHONE

DOB

7/17/70

REGISTERED OWNER

NAME (LAST, FIRST, MI)

Hurst, Adele K

STREET ADDRESS

8909 123 Ave NE

CITY, STATE, ZIP CODE

Lake Stevens 98258

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 10/9/14 AT 0640 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE Sky Valley (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 2400 SR9

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

Shy 139

DOL TOW TRUCK NO.

5968-011

DATE

10/9/14

EQUIPMENT

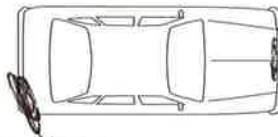
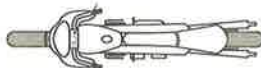
DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☐ GLOVE BOX LOCKED☐ KEYS []☐ AUTO STEREO☐ AUDIO TAPES / CD'S []☐ CB RADIO☐ RADAR DETECTOR☐ TRUNK LOCKED☐ SPARE TIRE☐ JACK☐ CHAINS☐ OTHER _____☐ FRONT

SHADE DAMAGED AREA

☐ R FRONT☐ R SIDE☐ R REAR☐ L FRONT☐ L SIDE☐ L REAR☐ REAR☐ TOP☐ UNDERCARRIAGE☐ OTHER _____

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Collision & driver Transported
to the hospital

LSPD
ORIGINAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

R. Miner

BADGE NO.

95

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound ☒Private Impound ☐ Repo ☐

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: SS14802500 (C061) Reason: COLLISION

MKE/ (Circle One)

EVI

EVIP

EVR

ORI/ WA031/906LIC/ 6544QBLIS/ U/ALIY/ 2015LIT/ PCVIN/ KMHCF35G6.U120460VYR/ 200VMA/ HYUNVMO/ ACCVST/ PCVCO/ GRN

DATE OF IMPOUND/REPO:

10/9/14

TOW COMPANY NAME:

SKY MAILCY TOW

TOW COMPANY OCA/**

506

PHONE #:

360 568 7812

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From:

2400 SR 9

City of Jurisdiction:

LK STEVENS

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

**LSPD
ORIGINAL**

Date:

10/9/14

Entered By:

182

Checked By: _____

WAC #:

14V0113697

Checked Date: _____

911

SNOPAC COMMUNICATIONS

UNAUTHORIZED VEHICLE IMPOUNDMENT REPORT

From: SKY VALLEY TOWING

Name of Company

504 LINCOLN AVE, SNOHOMISH, WA 98290

Street Address

AUTHORIZED AGENT SIGNATURE _____

360-563-6090

360-568-7812

FAX

TELEPHONE

VIN# KmHCF 35C7614 120460

PLATE# 054-403

STATE: _____

MAKE: Hyundai

MODEL: Accent

COLOR: _____

IMPOUNDED FROM (ADDRESS): BLK 2400 SR 9

CASE# _____

DATE IMPOUNDED: 9 Oct 14 TIME OF IMPOUND: 07:45

ONLY VEHICLES PRIVATELY IMPOUNDED AFTER BUSINESS HOURS FROM SNOPAC LAW ENFORCEMENT USER AGENCIES ARE TO BE REPORTED ON THIS FORM.

VEHICLES PRIVATELY IMPOUNDED FROM INCORPORATED AREAS OF SNOHOMISH COUNTY ARE TO BE REPORTED TO THE POLICE DEPARTMENT HAVING JURISDICTION OR TO THE POLICE DEPARTMENT'S DISPATCH CENTER AFTER BUSINESS HOURS.

FAXING THIS FORM TO SNOPAC AT THE TIME OF IMPOUNDMENT WILL MEET THE REQUIREMENTS OF IMMEDIATE NOTIFICATION TO LAW ENFORCEMENT AGENCY HAVING JURISDICTION, REQUEST FOR REGISTRATION AND SUBSEQUENT WRITTEN NOTICE WITHIN 24 HOURS SPECIFIED IN RCW 46.55.100.

YOUR NOTIFICATION FORM WILL BE FAXED BACK TO YOU CONTAINING REGISTRATION INFORMATION.

RESPONSE FAXED BY: _____

SNOPAC PERSONNEL #

**LSPD
ORIGINAL**

LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>K. BLANKINS #720</i>	Case Number <i>14-02501</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>ACCIDENT</i>	Date/Time: <i>10-9-14 1419</i>

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING
 *Evi will be held until court dispo or when the Statute of Limitations has expired
 *Found and Sfgk will be held for 60 days or 60 days past owner notification

Case # 1402501

Item # <i>14B-1</i> Action # <i>3</i>	Item <i>Photo CD</i>	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name <i>LSPD</i>		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#720</i>								

Item #	Item	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here LSPD ORIGINAL
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS14019969

Case Numbers: \$SS14002501

Entered 10/09/14 06:04:26 BY SPDP17 JENIFE
Dispatched 10/09/14 06:04:26 BY SPDP17 JENIFE
Enroute 10/09/14 06:04:26
Onscene 10/09/14 06:04:26
Closed 10/09/14 07:22:06

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: Src

Loc: 2400 SR 9 SE ,LKS btwn S LAKE STEVENS RD & 32 ST SE (V)

Loc Info:

Name: Addr: Phone:

/0604 (JENIFE) \$OUTSRV ,NO MORE INFORMATION
/0604 DISPOS 19S13 #SS95 MINER, SGT (ROBERT)
 ,NO MORE INFORMATION
/0604 MISC 19S13 ,NON INJ, NON BLK 4 CAR ACC
/0604 ASSTER 19D3 [4 ST SE/SR 9]
 #SS120 BERNHARD, OFFICER (KERRY)
/0606 ASNCAS 19S13 \$SS14002501
/0610 MISC 19S13 ,DRIVER TX
/0611 (***** REMINQ 19S13 AQN8749
/0611 (JENIFE) REMINQ 19S13 LIC, 19S13, AQN8749,,
/0611 REMINQ 19S13 WANT, 19S13,,,,,, ORIENTRC300MP,,,,,
/0614 ROTREQ 19S13 TOW 5061 LKS SKY VAL SNO
 3605636090 ,4 ROUND
/0615 MISC 19S13 ,SKY VALLEY ER
/0619 MISC 19S13 ,NEED @654YQB
/0620 (***** REMINQ 19S13 654YQB
/0620 (JENIFE) REMINQ 19S13 LIC, 19S13, 654YQB,,
/0620 MISC 19S13 ,SKY VALLEY ER FOR SECOND TOW
/0623 CHANGE LOC: 4 ST SE/SR 9 --> 4 ST SE/SR 9 SE ,LKS,
 BLK: --> SS003
/0623 ONSCNE 19D3
/0628 CHANGE LOC: 4 ST SE/SR 9 SE ,LKS --> 2400 SR 9 SE ,LKS
/0628 (SS95) REMINQ 19S13 MDTVEH, AQN8749,, WA,,,,,,
/0629 (JENIFE) MISC 19D3 ,SKY VALLEY ER
/0635 (SS95) REMINQ 19S13 MDTWANT,,,,,, WA, ORIENTRC300MP,,,,,,
/0652 (JENIFE) \$PREMPT 19S13
/0652 ASSTOS 19S13 [2400 SR 9 SE ,LKS]
 #SS95 MINER, SGT (ROBERT)
/0719 (SP0168) CLEAR 19S13 ,D
/0722 (SS120) *CLEAR 19D3 D/H
/0722 CLOSE 19D3

LSPD
ORIGINAL